

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/561372		
	Filing Date	April 23, 2007		
	First Named Inventor	Paul E. YOUNG		
	Title	IDENTIFICATION OF THERAPEUTIC AGENTS USING GENETIC FINGERPRINTING		
	Art Unit	1634		
	Examiner Name	James Martinelli		
	Attorney Docket No.	118553-00801		

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
 OR
☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: 86738
 OR
☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:
 OR
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 OR

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Address

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Country	Telephone	Email	

I am the:

☐ Applicant/Inventor.
 OR
☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) (Form PTO/SB/86) submitted herewith or filed on

SIGNATURE OF Applicant or Assignee of Record

Signature	Date
Name	Telephone
Caesar J. Belbel	7 Sept 2010
617-527-9933	

Title and Company: Executive Vice President and Chief Legal Officer – Avalon Pharmaceuticals

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.